



# Wildcats Soccer Club Fall 2022-Spring 2023

965 N. 1<sup>st</sup> ST  
New Hyde Park, NY 11040

## Application for Participation in TOPSoccer

### Parent or Guardian Release

Entrant's Name \_\_\_\_\_  
(Please Print) Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

I, the undersigned parent and/or legal guardian of the above named applicant (hereinafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in the TOPSoccer program.

I represent and warrant to you that the Entrant is physically and mentally able to participate in TOPSoccer and I submit herewith a subscribed medical certificate.

On behalf of the Entrant and myself, I acknowledge that the Entrant will be using facilities at his own risk and I, on my own behalf, hereby release, discharge and indemnify TOPSoccer from all liability for injury to person or damage to property of Entrant and myself.

If I am not personally present at TOPSoccer activities in which the Entrant is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone ( )

Evening Phone ( )

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You may email me the application or bring it on 9/10 or

Mail application to:

Mary Jo Bursig

My phone # 516 437 5958

965 N. 1st St New Hyde Park, NY 11040

516 650 7369

Any medical

issues:

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Additional

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